REMARKS/ARGUMENTS

Applicant wishes to thank the Examiner for her discussion of this case on March 13, 2006 and has amended the claims as proposed in that discussion to address the outstanding 112 issues.

Claim Rejections 35 U.S.C. §102.

Applicant believes, that with these amendments, the conditional step of enabling access by a physician to additional support features only after a particular identification code has been entered distinguishes the claims from the prior art of Evans and Denny for the reasons provided in the previous Office Action reproduced below. As noted by the Examiner, Evans, like the present invention, provides a method of inputting diagnosis codes and works at a point of care location. Further, it appears with reference to Fig. 18 that Evans provides access to an optional references database 104 that assists the healthcare provider in prescribing medications and administering treatments. This reference database 104 of Evans would arguably be "additional physician support features related to a treatment of a medical diagnosis" as is claimed in claim 1.

Nevertheless, as is apparent from Fig. 20 of Evans, access to the references database 104 is not conditional on the entry of a diagnosis code per claim 1(c). Both the diagnosis codes and the references database are simultaneously available on the same screen and freely selectable in any order desired by the physician. That is, the physician need not enter a diagnosis code through the left hand side of Fig. 20, to access information on related procedures available on the right hand side of Fig. 20.

Perhaps a more relevant section of Evans refers to Fig. 10 and the discussion at col. 7, lines 52-61 in which the physician may access optional practice guidelines. These guidelines allow the physician to consult regarding alternative treatments for various conditions. Yet as is evident from the flow chart of Fig. 10, this treatment information may be obtained directly from the patient data capture box 140 which does not require the input of diagnosis codes.

Accordingly, Evans does not teach the recited limitation of claim 1 to "only after identification of the specific diagnosis code, enable for access by the physician additional physician support features related to treatment of a medical diagnosis represented by the specific diagnosis code."

Evans provides strong evidence that a person of ordinary skill in the art even having access to the required components of: a database, a point of care terminal, diagnosis codes, and physician support materials, would not recognize that the various elements could be linked to incentivize the physicians to capture diagnosis codes or the benefits of doing so.

Claim Rejections 35 U.S.C. §103.

Denny teaches a system of providing a patient with patient handouts, but the access to the handouts is not conditional on the physician providing a diagnosis code. Thus Denny does not remedy the deficiency of Evans described above.

Mayaud as noted by the Examiner, teaches a system which presents a list of treatments ordered according to their frequency of use. However, again, access to this list of treatments is not predicated on the entry of a diagnosis code as required by claim 1.

Thus, even if a person of ordinary skill in the art were led to combine these references, they still would not teach the limitations of claim 1 also incorporated into claims 2-22. Each of these references teaches away from critical insight of the present invention that through a combination of simplifying the entry of diagnosis codes and requiring their entry prior to obtaining desirable information, that physicians can be encouraged to specify exact diagnosis codes allowing sophisticated data mining promoting outcome based medicine as described generally in paragraphs [0001]-[0006] of the present invention and specifically at paragraph [0013] as well as elsewhere in the application. Each of these references teaches that diagnosis codes are only optionally presented to the physician, implying that it is impossible or unreasonable to expect the physician to enter the diagnosis code prior to taking advantage of additional features of the inventions.

In light of these comments and amendments, it is believed that claims 1-9 and 11 through 22 are now in condition for allowance and allowance is respectfully requested.

Please charge any fees due to Deposit Account No. 17-0055.

Respectfully submitted,

THOMAS D. DOERR

By: _____

Steven J. Wietrzny, Reg. No. 44,402
Attorney for Applicant
Quarles & Brady LLP
411 E. Wisconsin Avenue
Milwaukee WI 53202-4497
(414) 277-5415